

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16416

Star File No. _____

MAY 9 1953

BIRTH NO. _____

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 531Registrar's No. 1186

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City #336</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>360 Big Bend Boulevard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>360 Big Bend Boulevard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 23 - 1953</u>	
3. NAME OF DECEASED a. (First) <u>Sophia</u>		b. (Middle) <u>Schattgen</u>	
c. (Last) <u>Buschart</u>		5. SEX <u>Fem</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>10 - 20 - 1866</u>		9. AGE (In years) (last birthday) <u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Schattgen</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Fisher</u>	
14. NAME OF HUSBAND OR WIFE <u>Louis Buschart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. L. Buschart, 310 Market St.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pneumonia - Type undetermined</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystitis</u> 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 2, 1953</u> , to <u>April 23, 1953</u> , that I last saw the deceased alive on <u>4/23, 1953</u> , and that death occurred at <u>5:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. Kleinschmidt M.D.</u>		23b. ADDRESS <u>508 N Grand Ave</u>	
23c. DATE SIGNED <u>4/24/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/27/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-27-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dancho-Mat</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. C. Kleinschmidt
508 N. Grand

2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.